

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Davis et al.

Attorney Docket No.: SUN1P367/P4132

Application No.: 09/333,591

Examiner: Charles E. Anya

Filed: June 14, 1999

Group: 2126

Title: WEB-BASED ENTERPRISE
MANAGEMENT WITH MULTIPLE
REPOSITORY CAPABILITY

Confirmation No.: 4277

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on April 27, 2004.

Signed: _____

Sally Zumba

AMENDMENT D

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAY 05 2004

Technology Center 2100

Dear Sir/Ms.:

Pursuant to 37 C.F.R. § 1.111(a)(1), Applicant hereby requests reconsideration and/or further examination of the above-identified patent application.

In response to the Office Action mailed on February 26, 2004, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.



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Sally Zumba

AMENDMENT D TRANSMITTAL

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Technology Center 2100

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:


Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Large Entity Rate Fee
Total Claims	17	MINUS	20	0	x 18 = 0
Independent Claims	3	MINUS	3	0	x 86 = 0
Total					\$-0-

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. SUN1P367).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


Jon Y. Ikegami
Reg. No. 51,115

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Berkeley, CA 94704-0778